STATE OF MARYLAND 224076 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGISTRAR REG, NO . DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ANTHONY DONALD DIRECTOR. ALBRITTAIN DEATH MATED 19 85 4 RACE 6 AGE LIN YEARS IF UNDER 1 YR. 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR PRONOUNCED July 13,195 White Male 31 19 85 7PM DEAD 70. BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Maryland U.S.A. WIDOWED [ DIVORCED Charles County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER HOSPITAL ON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10 CITY OR TOWN OF DEATH 128, USUAL OCCUPATION (TYPE OF WORK 128, KIND OF BUSINESS Plant operator PEPCO Physicians Memorial Hosp. (DOA) La Plata USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 20601 Maryland Waldorf 20009 Wedgewood Place. AptB. Charles 13d INSIDE CITY LIMITS? 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLESWann Afbrittain . "Jr. Henry Helen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS BOX 16b. SOCIAL SECURITY NO Yes, NO, OR UNKNOWN) 213-76-5516 Helen A. Smith-MotherPort Tobacco. APPROXIMATE IN THE AL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS CERTIFICATION E 3 SHOULD BE USED FOR BE DEPARTMENT OF HEAD FOR TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXXXMONTH DAY YEAR UNDERLYING X OR 4:08.m. 7-31- 19 85 Driver of auto/van collision. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK Rt. 257 e. of Bank "O" Dee Rd., Charles, road MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion X death resulted fram. Accident Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant 8-1-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE Burial 8/3/85 Sacred Heart Cemetery La Plata, Maryland 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Arenart Funeral Home Inc., La Plata, Md. (VR A15 ME (5)) 1. S. Krielma Bandall

BO TENT ET MEDL BORN AL Ayes. Spric Hoowards | Pucces .m. . militalization . \_granoli itolian . Indian DATE 1938 CONTRACTOR AND MALCON . Callette Carting Contractor of the brodycard, staff od vindemas framil bears : @exc. the state

A CALL TO A CALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 224075 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, RENEE DEATH MATED JACOUELINE ALBRITTAIN 19 85 6 AGE IN YEARS 4. RACE 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Female Whitew June 11,1962 23 YRS DEAD Th CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. WIDOWED [ DIVORCED Charles County IB. CITY OR TOWN OF DEATH Ze USUAL OCCUPATION (TYPE OF WORK 1126, KING OF BUSINESS EMERGENCY FI Medical ORIN WETEY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20646 Ambulance La Plata Physicians Memorial Hosp. 9020601 Co. Maryland Waldorf Charles Wedgewood Place, Apt. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE JOHN LAURA CAVALIER LAUFFER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT 130X83 (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 219-72-4433 Laura Dean-Mother Mechanicsville APPROXIMATE IN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE DATION, OR REMOVAL PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 11 PRIOR TO BURIAL, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR TO MONTH DAY UNDERLYING X OR 7-31-Passenger of auto/van collision. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 Rt. 257 e. of Bank "O" Dee Rd., Charles, road MD EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PT
AFTER DEATH, WITH THE ST
BALTIMORE, MARYIDAND, 2 X 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-1-85 SKINATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230.8URIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 32,672 8/3/85 Sacred Heart Cemetery La Plata, Maryland 07/84 25M 24 FUNERAL DIRECTOR So. DATE REC'D. BY REGISTRAR Arehart Funeral Home, Inc., La Plata, Md **DHMH - 17** (VR A15 ME (5))

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Huntt Funeral Home Waldorf, Md. 20601

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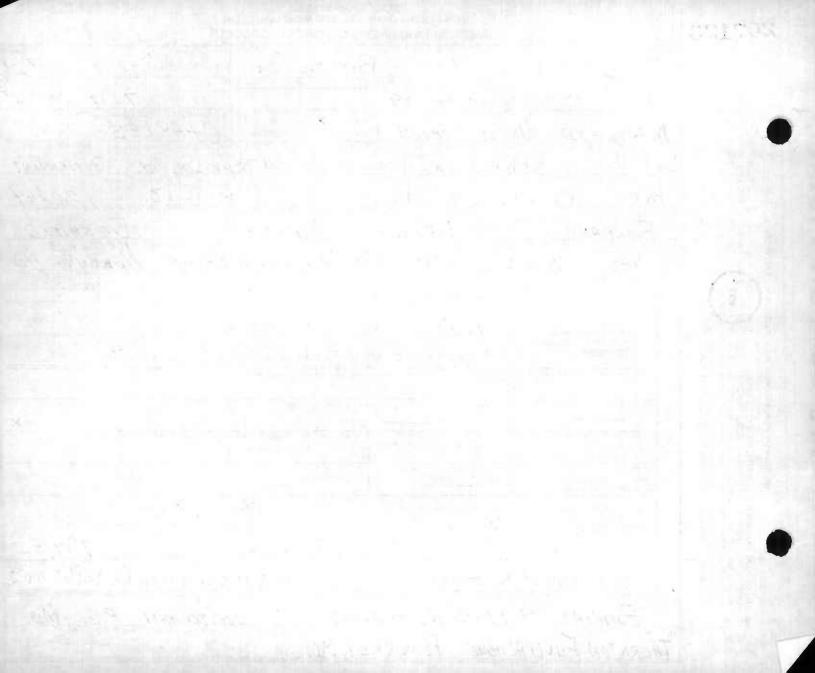
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND 203473 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DAY 7h HOUR DECEASED NAME FIRST (TYPE OR PRINT) Richard В. Dorsey July 10, 1985 IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH SEX ONIHS DAYS HOUR5 Male 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? a BIFTHPLACE IN LATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED Charles WIDOWED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Mechanic Physicians Memorial Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 136. INSIDE CITY LIMITS? YES | BOX FATHER'S NAME IS MOTHER'S MAIDEN NAME 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? ( IF YES, GIVE WAR OR DATES) NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause part PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. Conditions, if any, which gave rise to immediate couse in stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I The ACCIDENT WAS INCIDENTIFIED [7] 71h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING [7] CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF EITHER NOTHS WEDICAL EXAMINERS 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NAMES | WOLAMATE | 22a.1 certify that (1) this haspital attended the deceased from and that in (my) (pur) opinion death accurred on the date and hour and from the causes stated DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 22e ADDRESS 22M PHILSPETAN 73e BURIAL CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR DHMH - 16 60M 7/84

(VRA 15, 4)

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ompletely ompletely ond 2 s	0	ATHER'S NAME FIRST Hugh		rdiner	Sr.	Mary		belle	Middlet		
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hat the death certificate by the attending case remove corbon. I, cremation, or reacher troumatic event		PART I. DEATH WAS	DUE TO, OF		ENCE OF	nenia	of (	Tolan .		BETWEEN	MATÉ INTÉRVAL INSET AND DÉATH
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offendir offendir ter this so the bu h ond M	MED	21d INJURY OCCURRE	(AT HOME STR	OF INJURY SET, FACTORY OFFICE F		II LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
TTENDIN pital or CTOR: Af for use of Health			his haspital) attended the	1) attended the deceased from 19 55, and that in (my) jour) opinion of				ian death occurred on the date and hour and fram the couses state:			tho (1) we) last
AL OR A the hos AL DIREC detoched ofe Dept	1	22b. SIGNATURE	1 Juny of	Bul	DE Mo	GREE ATTEN PHYSI		MEDICAL ST	AFF SICIAN (	22c. DATE	1-12-85
SPITAL d by t INERAL lbe de ne State ITANT:		22d. PHYSICIAN'S NAM	E [TYPE OR PRINT]			2e ADDRESS		5			

DHMH - 16 60M 7/B4

BP.

24 FUNERAL DIRECTOR Huntt Funeral Home (VRA 15, 4)

HENRY

Burial

230 BURIAL, CREMATION, REMOVAL

7/17/85

BURKE

23b. DATE

231 NAME OF CEMETERY OR CREMATORY St. Peter's Cem.

M.D.

23d LOCATION
CITY OF TOWN
Waldorf

LA PLATA, MD

Md. Charles

P. D. Box 156 Waldorf, Md. 20601

Distribution was to the fathern 10808 \ 208 xou ,2 | yan | x | | 1 mm/ = 2 = 1 - m , the real balls | noted alledes you tenter or tenteton the embalific transfer of process of the same faller Billian Barrell Committee of the Committ

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5.	2 0	0	1	3
н	MONTH	DAY	YEAR	26

Ľ	- STATE REGISTRAR	176	CERTIF	ICATE OF DEATH	REG. NO	0 0		AL.
	ECEASED NAME FIRST	MIDDL	E	AST	2ª DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Norman		Guy		July 24, 1			3:08am
3 SE	EX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	MON1	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
M	lale	White		.27,1907	78	YRS		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF	DEATH	
M	d.	U.S.A.	WIDOWE		Charle	s		MD.
10 0	TTY OR TOWN OF DEATH		PITAL, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATION		26. KIND O	F BUSINESS OR
1	La Plata	Physicia	ns Memorial	Hospital	THE OF WORK FOR MOST OF	WORKING (IFE)	NDOSTRI	
130		NTY 13c	residence before admissioni CITY OR TOWN Echanicsvi		Rt.3, Bo	ZIP CODE X 387	20	659
PM F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM			LAS	
1	Clarence	N. (	Guy	Margare	et Rose	M	atti	ngly
	WAS DECEASED EVER IN U.S. AL	WE MAR OR DATES	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE			
	NO ORUNKNOWN) (IF YES GI	5.7	77-10-4405	A Genevieve	Guy , Sar	ne as :	13e.	
	18 CAUSE OF DEATH (Enter o	nly one couse per line	for (a), (b), and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
3	PART I. DEATH WAS CAUSI	TE CAUSE (o)	indio out	MONGONA AT	reol-			
10	1. 40	DUE TO, OR AS	A CONSEQUENCE OF			- 12		
	Conditions, if ony, which	( b) 9	Schaanyc	Myspathy	1			
1	gove rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS	A CONSEQUENCE OF					
NO	PART 2 OTHER SIGNIFICANT		LEWIC PO	NOT RELATED TO THE TERM	MAL DISEASE OR CONE	OITION GIVEN I	N PART 110	)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
TIFIC					YES NO	IN CERTIFYING	CAUSES	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	P.M.	NJURY 19	21f LOCATION				
ME	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TOV	VN	COUNTY	STATE
	22a. I certify that (I) (this hosp	ital) attended the de	ceosed from 7 -	73-1985		26- 19	el-	that (I) (we) lost
	sow the deceased alive or above, (1) (we) (did )	7-9	3 ~ 19 85 -, or	nd that in (my) (***) opinion d	death occurred on the da	te and hour and		
	226 SIGNATURE	or view the body offe		DEGREE			22c. DATE	SIGNED
	WOV	lath		M.D - ATTENDING ATTENDING	MEDICAL STAF	F IAN []		
1	226. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				1
	Girija Rath,	M.D.		Waldorf, Md	. 20601			
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	ro	LINTY	STATE
B	urial	7/27/85	St. Jo	seph Cem.	Morganza	a St.I	Mary	s Md.

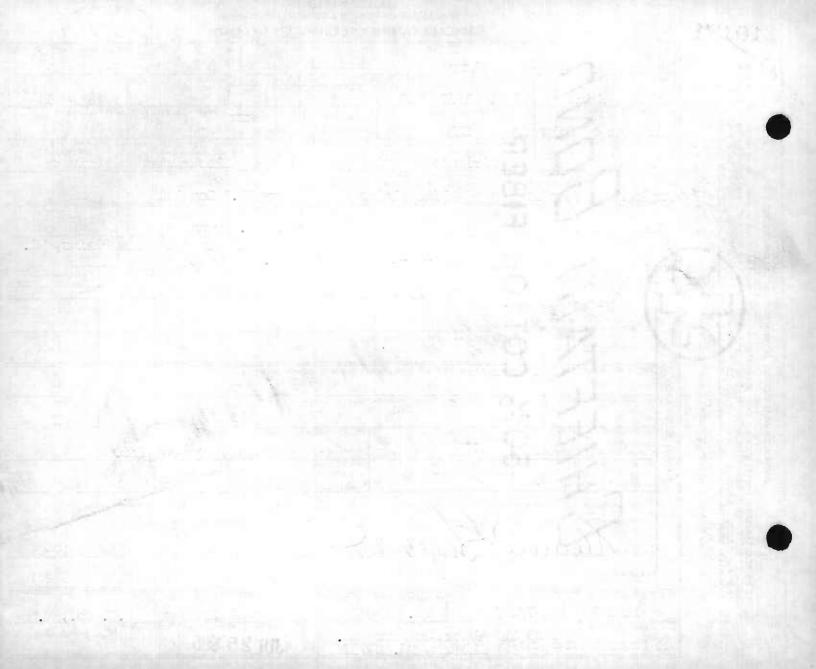
DHMH - 16 60M 7/84 (VRA 15, 4)

Clarke Mattingley , Leonardtown, Md.

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WD.	E SHE	14. FATE	ER'S NAME		MIDDI			LAST		15. MOTHER'S MAIL		N	AIDDLE			LAST	
ORE	S S S S S S S S S S S S S S S S S S S		Ralph		Gle			miltor		Dorothy						- 1	
IIW	NO SON A	16a. WA:	S DECEASE NO, OR UNKNO		GIVE WAR OR			IAL SECURIT		17. INFORMANT			102°W	lite 1	Plai	ins,	Md.
BALTIMORE	URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES 1 A DIVISION OF		No		I/A			-70-83	75	Dorothy A.	. Eld	ridge			2069	95	
ST., I	MT. W	18	L CAUSE C	F DEATH (Ente	r anly ane	cause per li	ne far (a), (b	, and (c).)	77					4		PPROXIMATE	
N S	N 24 HO N ITEM I ALONG IT PERM YGIENE YOVAL		0/12		DIATE CAU			iple 1		ies							
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*	OR TRIEN			stating the un		DUE TO, C	OR AS A CON	ISEQUENCE	OF					76			
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RECORDS	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR TING THE WORD "PENDING" IN PENCIL IN ITEM 18. DED TO THE CHIEF MEDICAL EXAMINER ALONG W 35 HOULD BE USED AS A BURIAL. TRANSIT PERMIT. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ART 2 OTHER SI	GNIFICANT CONDIT	IONS CONTRIB	UTING TO DEAT	IN BUT NOT RELA	TEO TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN I	PART 1 (a).						
0	AS A CREAT	ON N															
2	A HE A	MEDICAL CERTIFICATION	a. DATE OF	OPERATION	YOU	196. CON	DITION FOR	WHICH OPER	RATION W	AS PERFORMED?					20. /	AUTOPSY?	,
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171125	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22- DI IDI	YPE OR PRI	TION BEMOV					AAETEDY C	ADDRESS 11		CATION	,				
		(SPEC	Buri	al		20/85		Tt. Li			CITY	ORTOWN	b	COU			ATE
07/84 25M	BP	24 FUN	ERAL DIREC	TOP						IZC. DATE	REC'D. BY	adens	AR 25h REG	ISTRAR'S	SIGNAT	D. M	l.d
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STATE OF MARYLAND



STATE OF MARYLAND 203483 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH 1 DECEASED NAME 2h HOUR (TYPE OR PRINT) 9, 510 WILLIAM July 1985 HENDERSON & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR MONTH YEAR Male Caucasian 1934 Feb. To. BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED Charles Scotland Scotland WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Waldorf 4406 Cotuit British Govt Decorator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 4406 Cotuit Circle 13d INSIDE CITY LIMITS? 20601 Waldorf MD Charles 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Miller W. John Henderson Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-60-2468 Elizabeth Henderson same as No 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), ond (c)
PART I. DEATH WAS CAUSED BY 6 MON THS IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21h TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE JAN 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased olive on\_ and that in Imp Lour) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the today the death 22b. SIGNATUR DEGREE 22c. DATE SIGNED FUNERAL DIRE ATTENDING \ MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN TTe. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Waldorf Charles, Cremation Crematory 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Waldorf

Funeral Home.

Maryland

Carataon Villes funct frequency labdoni, damiles, Janvillen

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3	.90074		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	EXAMIN	IER'S C	ERTIFICATE	0 1	600	REG. NO.	H DAY	200	71 110110
be.	W ~: .6 40 C		PE OR PRINT)	mathi		Jon		Ma	Phi		OF ES	OWN MONI		19 05	26 HOUR
P	IS NECESSARY, PEASE HE FUNERAL DIRECTOR. RE 5 FOR YOUR FILES. ED, WITHIN 72 HOURS IN W PRESTON STREET.	3. SE		PACE While	5. DATE OF BIRTH MONTH DAY	SYEAR STEAR	6 AGE (IN YE LAST BIRTHD	ARS IF UN	DER TYR. IF UND		PRONOUNCE	MONT	H DAY	YEAR 1085	24 HOUR 236
#	ECESSAR INERAL I FOR YO WITHIN		RTHPLACE (STATE		75. CITIZEN OF WE	AT COUN		4	ED NEVER MA	RRIED	BALTIMOR	Charle		DEATH	MD
	ELAY IS N TO THE FL N PAGE 5 BE FILED.		ITY OR TOWN OF LaPlata	DEATH	II. NAME OF HOS	CILITY, GIVE S	STREET ADDRESS)			12a USU FOR M F16	AL OCCUPAT	ION (TYPE OF WOR	12b KI	ND OF BUSTR R INDUSTR endi	SINESS
	ANN DANN DE ANN DE ANN DE ANN DE TANN	USU/ I3 <sub>0</sub> S	at RESIDENCE (IF III	13P CUS 13P CUM:	r OTHER INSTITUTION, GIV	13pd	E BEFORE ADMISS	bacc	3d. INSIDE CITY LIMITS	81 Rt	ET ADDRESS	Plata	Md	200	577
	180		John	W.	Murph	ny	LAST		Nancy		Lee MIDDLE	Sna	w	LAST	
	ALTIMO AMERICA MAGES MSION O	16a. V	WAS DECEASED EY (ES, NO, OR UNKNOWN)	VER IN U.S. ARA	MED FORCES? WAR OR DATES)		-68-9		John MI	urphy		DDRESS L LaPla	ata,	Md <sup>2</sup>	0646
	1 W, PRESTON ST D WITHIN 24 HOUR FENCIL IN ITEM 18 AMINER ALCHOW WI TEMNIT HERMIT I TEMNIT HYGEINE, DI OR REMOVAL		Canditions, gove rise	if any, which to immediate ting the under-	DUE TO, OR	AS A COM	NSEQUENCE	OF	vical to	raume			BETY	PPROXIMATE WEEN ONSET	AND DEATH
	RECORDS, 201  ID BE EXCUTE PENDING" IN AREDICAL EX D AS A BURIAL REALTH AND M CREMATION	TION		ICANT CONDITIONS	(c)				E DR (DNDITION GIVEN II	N PART 1 Io					
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	DIVIS THIS CER WARDED WAGE 3 S TATE DEF	MED	21d INJURY OCC WHILE AT WORK	OT WHILE T WORK	21e PLACE C STREET, FACT			211 10	CATION CATION	411-	CITY OR TOWN	Che	COUNTY	M	STATE
•	AL EXAMINER HE CERTIFICATE HOULD BE FORE MAL DIRECTOR: VIH, WITH THE 5 E. MARYTAND.		22a. I certify the death resulted for ACTUAL SIGNATURE		e af the remains descool couses (1)	Accident	Acres .	Autop	Homicide  TITLE (SPECIFY)	Undere	Inquiry or interest monne	DAI	-	W18	
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALLTMORE N		EXAMINER'S NA (TYPE OR PRINT)		Mahar.	Hot	+ M		ADDRESS S P #	1 Box	1020 (	a flata,	M	206	stb
07 25	/84 BP	24 F	URIAL CREMATIO SPECIFY) Burial UNERAL DIRECTO PAME Cehart F	R	7/8/85 nc. 211		ld Du LaPla	rhar	Md . 250. DA	CITY C	CATION PRIOWN CONSID REGISTRAR			STA S MI	D .

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STATE OF MARYLAND 203497 DEPARTMENT OF HEALTH AND MENTAL HYGIENE TE OF DEATH REGISTRAR DECEASED NAME No. DA KNOWN (TYPE OR PRINT) ESTI-THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
THIED THIN 72 HOURS DEATH MATED IS NECESSARY, PLEASE 3 SEX 4. RACE AGE (IN YEARS 2d HOUR IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 10 LAST BIRTHDAY) PRONOUNCED B July 16,1909 DEAD Pr M Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., USA Charles DIVORCED M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Mechanic Physicians Plata Memorial Hospital Automobile RETAIN WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) AND 3 T. PAGES 1-AND 2 SHOULD DIVISION OF VIKAL RECOR Charles 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Bryans Road Box NOXX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST O'Donnell James Maude Barteamous 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS son LYES NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 578-01-6270 K. O'Donnell, same No as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which COTCOCI gave rise to immediate USED AS A BURIANTE OF HEALTH AND MENT cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE WITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3 AFTR DEATH, WITH THE STATE DE BALIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE AT WORK AT WORK 22a, I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry ond in my apinion death resulted from Suicide Homicide Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME 1020 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Buria! 7/17/85 Cemetery Suitland 07/84 Cedar BP 250. DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATUR 25M 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) Waldorf Funeral Home.

top harming Carles Seven and on St. 1, Low 721 SEE min 5 the . Elemmon 18 . Homatic to 1718-16-16 and account Survigi . 1/17/ I Cudan 1/15 for tony unitland, un doubt the line produced the second of the sec

## STATE OF MADVIAND

100	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG	8 5 REG. N		0 8	3
ł,	1. DECEASED NAME	FIRST		DDLE	i.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A
1		Jose		Α.		vens		1985.		7.20 <sup>M</sup>
	3. SEX	4.5	RACE		S. DATE O		6. AGE (TH YEARS LAST BI		UNDER I YEAR	HOURS MIN.
	male		White		May	20,1931	54	YRS		
1	70 BIRTHPLACE (STATE (	OR FOREIGN 76	CITIZEN OF W	HAT COUNTRY?	8 MAADDIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
	Md.	1	U.S.A		WIDOWE	2727	Charles			MD.
A	10 CITY OR TOWN OF D	EATH 11.				R OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS OR
	LaPlata	P		ANG MAT		1 Hospital	Farming	OF WORKING LIFE)	INDUSTRY	
1	USUAL RESIDENCE (IF NO	URSING HOME OR OTH	ER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)					
2	Md.	Charl		Bel Alt		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		120	111)
	14. FATHER'S NAME	Tonari	.c.p	Der Wir	OII	15 MOTHER'S MAIDEN NA	P.O. Bo	X 444	(20	111)
1	Moses	MIDI		wens		Mary	Gertru	de	Wath	en
,	160 WAS DECEASED EV			6b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		W CL 011	011
	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	214-30-	1083	Dorothy An	n Owens	Same	13E.	
	18 CAUSE OF DEA	WAS CAUSED B	Y	1. 1.	o pul	many are	rest		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditions, if a		DUE TO, OR	AS A CONSEQUE	NCE OF	Heart Du	ease			
	cause (a), sta underlying cou	iting the use lost	(c)	as a conseque						
	PART 2 OTHER SH	GNIFICANT CON	NDITIONS <u>CON</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I I	to the state of th
1	190 DATE OF OPER	RATION	196 CONDITI	ON FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	G CAUSES	
3		CAUSE OF DEATH	215 TIME OF HOUR A.M.	MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR		1		
	21d. INJURY OCCU		21e PLACE OF			211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220 2	chi (at 1 . t)		1	11 10	21	7 0	1	O-C	

in (my) work apinian death accurred an the date and have and from the causes stated 22c DATE SIGNED

226. SIGNATURE Dr. G. Rath

saw the deceased alive an May attacked above, (It (west said) (did not) view the bady attacked the

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. G. Rath

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL Burial

236 DATE 7/29/85

23¢ NAME OF CEMETERY OR CREMATORY Charles Mem. Grdns.

Leonardtown, St. Mary's Md.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

W. Clarke Mattingley, Leonardtown, Md.

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

nordel Libberton

The state of

MIDDLE

- STATE

TYPE OR PRINT

213131

(VRA 15, 4)

REGISTRAR

DECEASED NAME

ADDRES 25 Colony Rd. Riggs Odenton, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (00) opinion death accurred on the date and haur and from the causes stated 2h: DATE SIGNED ATTENDING AMEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE (SPECIFY) 7/30/85 Epiphany Episcopal Burial Odenton 24 FUNERAL DIRECTOR 12 Ridgely Ave. DHMH - 16 60M 7/84 Hardesty Funeral HomeAnnapolis, Md. 21401 wa Daydon- Hande Be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a. DATE OF DEATH

MONTH

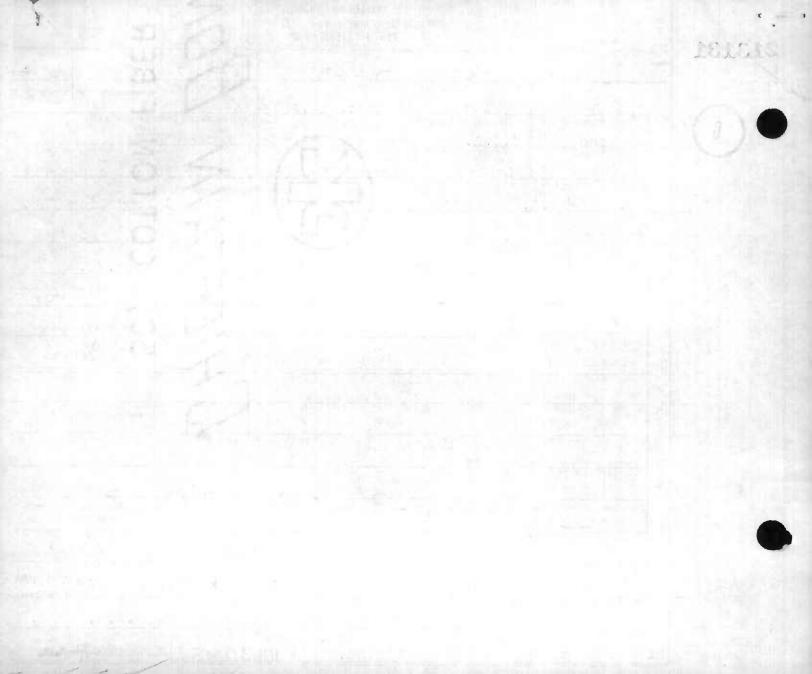
IF UNDER 1 YEAR

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126. KIND OF BUSINESS OR

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low requires		ios been signed	permit. Then plea	ne prior to bur
HYSICIAN: The low requires	nding physician.	his certificate has been signed	burial-transit permit. Then pleu	Mental Hygiene prior to burner
ik Allending Physician: The low requires in the control within 24 hours of	hospital or attending physician.	IRECTOR. After this certificate has been signed by the control of physician and completely falled in by	hed for use as the burial-transit permit. Then please remain an banpapers. Pages 1 and 2 should be file	est of Health and Mental Hydrene prior to burnel mental mental

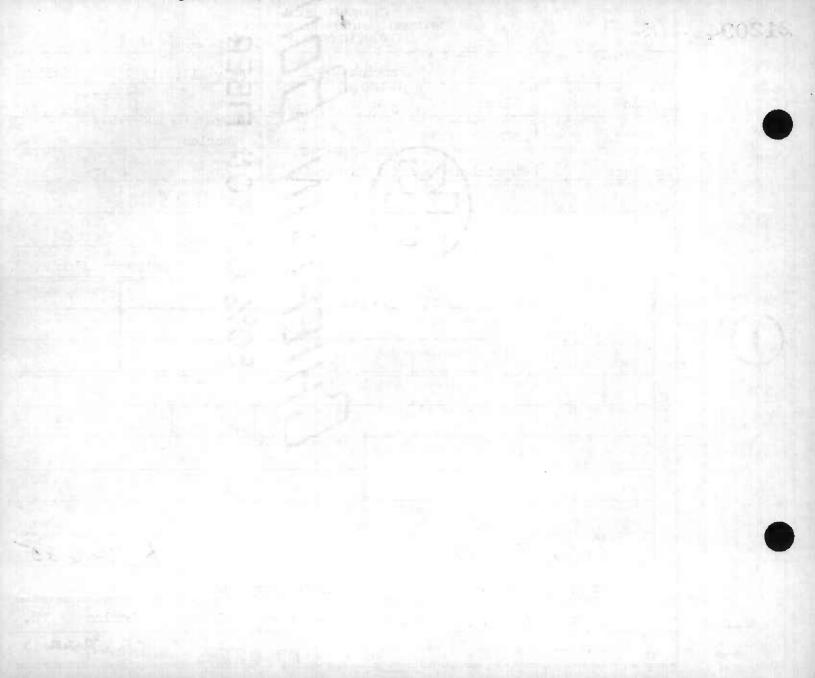
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	1-	FOR STATE REGISTRAR			DEPARTN	MENT OF E	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8 5	REG. NO	0	Ü	3	3	
		CEASED NAME OR PRINT)	James	Franci	AIDDLE S	Fenwi	ck Rilev	July	14,	198	B5	YEAR	2b но 1:5	
		male		black		5. DATE O	H DAY YEAR	6 AGE (IN YEA	RS LAST BIRTH	DAY)	MONTHS	DAYS	HOURS	MIN.
52	10 CI	RTHPLACE (STATE OR FO COUNTRY)  MARYLAND  ITY OR TOWN OF DEAT  Plata	TH 11	NAME OF H	STATES OSPITAL, NURSIN HEACILITY, GIVE STREET A LANS Memo	ADDRESS)	DROTHER INSTITUTION	9 BALTIMOR  Char  126 USUAL OG  (TYPE OF WORK F	les CCUPATIO OR MOST OF	N	12b	KIND O		MD
6	130 S	AL RESIDENCE (IE NURSIII STATE ARYLAND THER'S NAME	ng home or oth 13b COUNTY CHARI		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI	N	13d INSIDE CITY LIMITS? YES NOX	130 STREET AL ROUTE	DDRESS/	ZIP COD 2064	6			
1		TOSEPH VAS DECEASED EVER II	GLE N U.S. ARME	INN	RILEY 16b. SOCIAL SECUI	RITY NO.	SANDRA  17 INFORMANT  Joseph G. Ri	D.	ARLEN ADDRES	S		PENW.	ICK 2	2069
	NOI	Conditions, if ony, gove rise to immocouse 101, stating underlying couse	which ediote the lost	DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE	or condi	TION G		APPROXI		D DEATH
1	CERTIFICATION	190 DATE OF OPERATE	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		20b. IF YE IN CERTI				ATH?
7	MEDICAL	22d PHYSICIAN'S NAI Robert E	AUSE OF DEATH AL EXAMINER)  ED  this hospital  this hospital  ALL EXAMINER  THE COMMENT OF THE C	P./ 210 PLACE C LAT MOME, SIR  ottended the	M. MONTH DA M. DF INJURY EET, FACTORY OFFICE FA  deceosed from  tter death.	19 ARM EIC }	216 HOW INJURY OCCUR  216 LOCATION STREET  19 and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  Waldorf, Ma	, to death occurred MEDICAL DIRECTOR	on the dote	e and ho	PARTIOR CO	DUNTY ,	that (1)	STATE (we) lost
		URIAL, CREMATION, R SPECIFY) BURIAL		23b. DATE JULY 19			rles Cemetery	7 GIÝ	mont	C	har!	les		Md.

JULY 19,1985 BURIAL 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 THORNTON'S FUNERAL HOME (VRA 15, 4)

POMONKEY, MD.

BY REGISTRAR 350. REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTS AND MENTAL HYGIENE 217019 - STATE REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-7-27-8510 DEATH MATED and 3 to the funeral director. Retain Page 5 for your files. Hould be filed, within 72 hours records, 201 W. Preston Street, MARCUS JOHN ROHM 4. RACE IE UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Male Cau. Oct 3, 1955 29 27-9519 DAM M TE CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Charles County California DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TTYPE OF WORK 12b. KIND OF BUSINESS Carpenter Waldorf Quik Mart Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Charles Waldorf 2218 Pinefield Rd. / 20601 15. MOTHER'S MAIDEN NAME John Rohm Lorraine Raymond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN' 2206 Pinefield Rd [IF YES, GIVE WAR OR DATES] 228-82-4184 John J. Rohm Waldorf, Md 20601 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E DEPARTMENT OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot MEDICAL 21e PLACE OF INJURY 21f. LOCATION Shop WHILE AT WORK AT WORK Quik Mart Wardorf, Maryland EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I taak charge at the remains described above, held an Inspection Hamicide K. death resulted fram Natural causes Undetermined manner DATE - 7-27-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn Street (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY 7/28/85 Huntt Cremetory Waldorf Cremetion Charles Md. 07/84 25M 24 FUNERAL DIRECTOR 0. Box 156 DHMH - 17 ia Davidson-Randall (VR A15 ME (5)) Huntt Funeral Home Waldorf. Md. 20601

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## DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 217045 DECEASED NAME ANGET O SAMPOGNA To DATE OF ESTI-(TYPE OR PRINT) am Dogna 3. SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 () IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED DIREC DEAD 5 FOR YO, WITHIN 9 BALTIMORE CITY OR COUNTY OF DEATH THE FUNERAL 70 BIRTHPLACE MARRIED NEVER MARRIED Charles County USA Wash.. D. WIDOWED XX DIVORCED L RS AFTER DEATH. IF THE FUN B. GIVE PAGES 1, 2, AND 3 TO THE FUN WITH FORM PM 3. RETAIN PAGE 5 F MIL PAGES 1 AND 2 SHOULD BE FILED, W PHONESION OF VITAL RECORDS, 201 W.-. 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Auto Parts (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial Hospital Auto La Plata USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 3423 Milstead Court Waldorf MD Charles 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIANNANTONIO SAMPOGNA DOMENICO ANNAMARIA ADDRESS 16h SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2711 Red Lion daughter TYPE NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 579-07-2937 Rosalie Hill Place. Waldorf. Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Lhar IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE CHARL TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED FOR THE DEPARTMENT OF SHALLIMORE, MARYLAND, 21201 PRIOR CHARLIMORE, MARYLAND, 21201 PRIOR CHARLIMORE, MARYLAND, 21201 PRIOR YES [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK AT WORK 228. I certify that I took charge of the remains described above, held an and in my apinian Autopsy Undetermined manner death resulted fram: EXAMINER'S NAME 00 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY (SPECIFY) Arlington National Arling Arlington Burial 7/31/85 07/B4 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Huntt Funeral Home, Waldorf, MD

STATE OF MARYLAND

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Tuntt Dunarel Home, Halderl, ND

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Surial 7/31/05 /rglenten stores /rlandon

Charles County

FT -57-1557 Possible bill Fince, Waldorf.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME EIDST LIYPE OR PRINTS SISK DEAN Johnny July 15 1985 8:20PM 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR Male Caucasian Sept 1954 30 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles

Washington, D.C. U.S.A.

Phyaicians

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Memorial Hosp.

12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Laborer

126 KIND OF BUSINESS OR Buainesa

aa #13

20601

1136 COUNTY 130. STATE Maryland 4 FATHER'S NAME

No

Conditions, if any, which gove rise to immediate couse (o), stoting the

aPlata

FOR

3 SEX

CERTIFICATION

MEDICAL

00

Charles ANIDDS F

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Waldorf

13c. CITY OR TOWN

13d INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME

130 STREET ADDRESS / ZIP CODE 4709A ROOKEWOOD MIDDLE

Keasell Thomas Siak Blankenship Mae ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 220-62-5552 Kessell T. Siak aame

18. CAUSE OF DEATH (Enter only one couse per line for (Q) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

211 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)

CITY OF TOWN

COUNTY STATE

21d INJURY OCCURRED NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an

230. BURIAL CREMATION REMOVAL

Burial

190 DATE OF OPERATION

21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

YES [

Daldorf. Md. 20601

saw the deceased alive on above. (1) (we) (did) (did not) view the body after death 22b.

DEGREE

ATTENDING & MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN

200 AUTOPSY?

NOF

THE DATE SIGNED

Harvey Katzen. M.D.

Trinity Mem. Gardens

8926 Woodyard Rd., Clinton, Md. 20735 23c. NAME OF CEMETERY OR CREMATORY Charles Co.

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

Huntt Funeral Home

P.D.Box 156

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Waldorf. Md. 20601

236 DATE 7/18/85 often and property and the same and a same and a same

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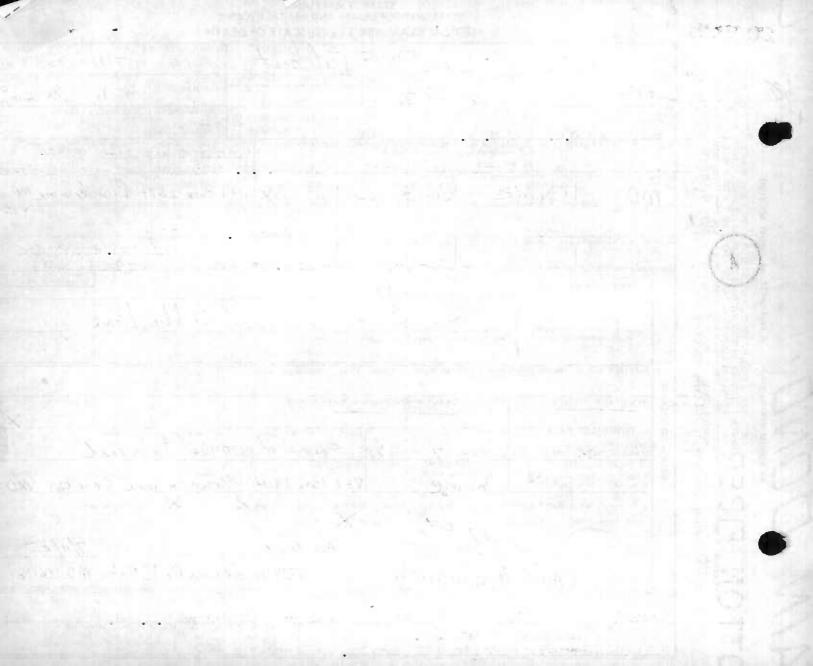
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	STATE OF MARYLAND												
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		EASED NAME BRIAN	L. )	MIDDLE	TALBE	DIT L	AST /	1)		20. DATE KNOWN	MONTH	-	AR 26. HOUR
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A CHICAGO	3. SEX		5. DATE OF BIRTH	-	6. AGE (IN YEA	RS IF UND	ER TYR.	IF UNDER 2	4 HRS.	2c. DATE	HTHOM		EAR 2d. HOUR
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	1	m	MONTH DAY	YEAR	LAST BIRTHDA	Y) MONTHS	DAYS	Hours	MIN.	PRONOUNCED	7 1	,	85 11.mp
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MVISION OF VITA GERTIFICATE SHO ITING THE WORL DED TO THE CH DED ARTHURNING BE UE DED RETOR TO BUR	1 5	210. EXTERNAL CAUSE WAS	2 Th. TIME OF	INTERV		12Tr HOV	A/ INTILIDY	OCCUPPED	FAITERA	ATURE OF INJUST IN JTE	10 8 4 07 1 00 04	YES	U NO ₩
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3253547	+	SIGNATURE	11/1	1		M.E	4 25 12 A	ant	MEDI	ICAL EXAMINER	SIGNE	D // 1/	207
BH4898/		EXAMINER'S NAME DALL	ANGS	ACVI	ch		5	019 Wa	with	1.40 Dr 1	a Plade	MD	20646
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU A TER DEATH.		(TYPE OR PRINT)	0 11-01	11911	C. 0	A	DDRESS_	0.1.000			20100	-)""	10
ちのちちょう	23a. Bl	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. N	AME OF CEA	ETERY OR	CREMATO	DRY	23d. LO	CATION	cou	NTY	STATE
BP	4 -	urial	7/15/85	Ce	dar Hi	11. Ce	meter	~7					
DHMH - 17		INTERNAL DIRECTOR	neral Hom					256. DATE RI		REGISTRAR BER	EGISTRAR'S S	IGNATURE	
(VR A15 ME (5))	66					Ma	(237)	1.1111	17	1985	Lauridson	~ Jando	12
20M 4/B2	700	33 Old Alexande	r rerry R	udu C	LILITON	INICI		UVL	-	.000			



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SIAIL	UT	MARII	LAND

210175	1.	FOR	DI		E OF MARYLAND EALTH AND MENTAL HYG	IENE		
O S LO S CO	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	2 0 0	90
		CEASED NAME FIRST	Maryba		AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
18	( I THE	A ngelen	a Ru	Var	-gus	July 20	1985	4:10 RM
tow and	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
rs of	F	'emale	White		ember 25 1924	60	YRS.	
Podin Poor	70. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
mero in 72		shington DC	USA	WIDOWE	DIX DIVORCED		County	MD.
The state of the s	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESS)		120 USUAL OCCUPATION	ON 12b. K1 F WORKING LIFE) INDUS	ND OF BUSINESS OR
they so			hysicians Me		ospital	Housewif	e Pr	ivate
hour does	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
fills hould		ryland Char	cles Nanj	emoy	YES NO	General De	livery Rt	926 2066
ad within		Tohn S. Caputo	WIDDIE	LAST	Jenny Cala	MIDDIE		LAST
Sol Sol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	SS Tothian	Md 20711
Pogo med		NO N	. 570	-26-9138	George W. Pe	etrillo Lot		
physicie popers novol.		18 CAUSE OF DEATH (Enter or PART ), DEATH WAS CAUSE	D BY:	diac ai	ressT		867)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ding property		IMMEDIA	IC CHOSE (a)				1.	- V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
tent trend ve.co ion, o	13	Conditions, if any, which	DUE TO, OR AS A COL	rary ar	Tery Diese,	Cancer of	Liven	
y the o		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL					
ed b pleos priol,		PART 2 OTHER SIGNIFICANT (	(c)	NC TO DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF CONT	DITION CIVEN IN PA	PT 110
sign hen to bu	Z	Cancel		VAY	NOT KEENTED TO THE TERM	MINAL DISEASE ON CON	SITION GIVEN IN LA	KT TIG
been mit. T	FICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	INDINGS USED
he to hos	FIFE					YES NO	YES 🗌	ИО 🗌
hysical hysical hygi Hygi 18 sh	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	RT 2)
SICIAI ng ph certifi rriol-tr entol	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
this ind M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TO	wn coun	TY STATE
NG office of the orker orker	1	AT WORK NOT WHILE AT WORK						
Heol Rs		220 I certify that (I) (this hospi saw the deceased alive on			nd that in (my) (aur) apinian	death assumed on the de		, that (1) (we) last
ATTI Osput de fou ft. of m 21		abave, (1) (we) (did) (did no	it) view the body after death	h.	DEGREE	deam accurred an me ac		DATE SIGNED
AL DIRI		Mechael	a Leult	terd	MIN ATTENDING	MEDICAL STAF	F _ 7	21/85
OSPITA ned by UNERA Id be de the Stor	1	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			
T 0 0 4 0		Michael A. Le	atherwood		PO Box 1558	B Waldorf, N	4d. 20601	
	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
BP	Eur:	(SPECIFY)	July 24 198	35 Cedar	Hill	Sui+land	P.G. Co.,	Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	6633 O	ld Alexan	der Ferry 250 DAT	E REC'D. BY REGISTRAR	250 REGISTRAR'S SIG	NATURE POOL

DHMH - 16 60M 7/84 (VRA 15, 4)

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-1		FOR			E OF MARYLAND HEALTH AND MENTAL HYG	GIENE					
56	1 -	STATE REGISTRAR		CERTII	FICATE OF DEATH	8 5 REG. N2	0 0 9				
Ī		EASED NAME FIRST	WIDDLE	1.).	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
		OR PRINT) E/s			lmer	/	5 85	9:5			
3	3 SEX	FEMALE	4 RACE WHITE	5. DATE	12 8 19Tr5	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS A			
5	(	RITHPLACE (STATE OR FOREIGN OUNTRY)  Aryland	76. CITIZEN OF WHAT CO	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH CHARLES					
	10 CI	PLATA	PHYSICIANS		OR OTHER INSTITUTION AL HOSPITAL	120 USUAL OCCUPATION  (Type of work for Most of Work!)  Home Maker		OF BUSINESS			
5	13a. S		or other institution, give reside unity 134 CITY Tarles Fall	NCE BEFORE ADMISSION) OR TOWN UIKNER	134 INSIDE CITY LIMITS?	13 PO BOX 1887	PDE20632				
1		THER'S NAME EIRST Edward	MIDDLE	LAST <b>er</b>	Jane	Catherine	Willi	ams			
/		(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES.		16-9069	17 INFORMANT Catherine	Wilmer Faulk	ox188	1. 20			
21 is marked at them 18 shows ony injury, at ather traum 21 is marked at them 18 shows ony injury, at ather traum MEDICAL CERTIFICATION	ION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost:  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	TIFICAL	190. DATE OF OPERATION		R WHICH OPERATIO	ON WAS PERFORMED .	200 AUTOPSY2 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO					
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART   OR PART 2)				
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR	Y Y OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	51A			
		27a.l certify that (I) (this hospital) attended the deceased from									
IMPORTANT: # Hea		276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
		220. PHYSICIAN SNAME (14P		D.	27e ADDRESS  LA PLATA						
	23a. B	URIAL, CREMATION, REMOVA Burial	7/8/85	Mt.	CEMETERY OR CREMATORY	LaPlata	Charles	ма			
	24 FL	PECIEVI	7/8/85	Mt.	250. DA1	LaPlata (		T			

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